

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ROMNEY FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

MR. PHILLIP M. GONET

Mailing Address 1616 CRESSA COURT

City	State	Zip Code
SPRINGFIELD	IL	62704-3278

FEC ID number of contributing federal political committee.

C

Name of Employer
ILLINOIS COAL ASSOCIATION

Occupation
GOVERNMENT RELATIONS

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17.3629240

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2012

CONTRIBUTION

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

MICHAEL GONITZKE

Mailing Address 2159 NEW MEADOW DRIVE

City	State	Zip Code
GERMANTOWN	TN	38139-4316

FEC ID number of contributing federal political committee.

C

Name of Employer
MEISTER MEDIA WORLDWIDE

Occupation
PUBLISHER

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

Transaction ID : SA17.3183497

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2012

CONTRIBUTION

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR. KEVIN J. GONIU

Mailing Address 10609 N. RIVERLAKE COURT

City	State	Zip Code
MEQUON	WI	53092-4865

FEC ID number of contributing federal political committee.

C

Name of Employer
CEDOR MILL MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Transaction ID : SA17.3614203

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2012

CONTRIBUTION

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

1100.00

Total This Period (last page this line number only).....